

GRANTS

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Summary

A number of critical issues were raised during the two sessions on Grants. The panel discussed a number of broad grants-related topics, as well as some specific areas of concern. The Public Health Emergency Preparedness (PHEP) and Hospital Preparedness (HPP) cooperative agreements were discussed, as were the Centers for Public Health Preparedness and Healthcare Facilities Partnership cooperative agreements. The message was that HHS needs to be more consistent, credible, and helpful, and provide meaningful technical assistance, guidance, and advice. Stakeholder concerns fell primarily into three categories: financial assistance, program enhancements, and accountability and performance. All are required by PAHPA. Emergency supplemental appropriations were discussed briefly.

Session Highlights

- The most frequent recommendation by stakeholders was that it would be helpful if the cooperative agreement budget cycles would be moved so that they are closer to State fiscal years and legislative cycles (budget request timeframe).
- Suggested policy changes included allowing multi-year awards, or allowing the awardees to spend dollars beyond the 12-month budget period.
- It was suggested that HHS not designate funds for a certain activity, but provide the objective of the activity and allow awardees to budget funds to achieve the objective.
- Stakeholders suggested revisiting budget funding formulas as they may not accurately project what is needed at the State level.

Key Questions and Comments

- Federal expectations of States, Tribes, and localities needs to be clear.
- The Federal Government must be clear and upfront with States and localities about when and how it will operate during a disaster.
- A long-term financial assistance strategy is needed. Budgets are variable and decreasing. The Federal strategy concerning priorities, and their relationship to available funds, needs to be defined fully.
- A single joint application for PHEP and HPP was recommended. One application will demonstrate better the integration of the two programs.
- The national priorities should be emphasized. HHS should differentiate between the information that is nice for awardees to know and information that needs to be known.
- Some awardees are overwhelmed by the volume of required written documentation (reporting and applications). They want to demonstrate implementation rather than responding to requests.
- There was concern about parallel systems being developed (at the State level and Federal level). States are concerned that once they activate and have their operations fully running, the Federal Government will arrive and disrupt it.

- Currently used objective standards and performance measures received positive feedback.
- Stakeholders stressed to HHS the need for change control with respect to the programs – truly balancing the costs and benefits.
- HHS should encourage States and local health departments to engage their communities, reveal more about State and local preparedness and response plans, and help citizens and the community to be more prepared (i.e., build resiliency).
- Stakeholders want to be involved in PAHPA implementation early and often.
- HHS should be transparent about how PAHPA will be implemented.
- Communicate to States how decisions will be implemented – when and how they will affect states in years to come.
- A stakeholder inquired about a policy meeting on the issue of maintenance of funding and wanted to know the details of the meeting.
- A participant was interested in the definition of transparency, hoping the definition he uses is the same as what HHS uses. What is going to be done in the long term?
- A stakeholder asked how the public would be assured that the process is transparent, that all stakeholders are appropriately engaged, and that the plan or vision is something everyone can move forward on.
- A participant expressed concern about whether the State and local health agencies will receive (in addition to the funding mechanism) sufficient staffing and technical guidance from HHS so that states will have the necessary resources to meet the PAHPA requirement of community engagement in emergency planning. True community engagement versus a cost-efficient pro forma solicitation of public comments (i.e., a public affairs-type of “review and comment” period) on emergency plans is needed.
- *Concerning the biannual legislative processes, a stakeholder asked what happens if a State can't come up with the match?* Waivers were discussed as a solution, but as they are currently administered on a State-by-State basis, no broad statement could address each state's particular needs.
- One participant asked about how the panel's efforts will be integrated with the rest of the Federal Government down the road.
- A participant asked about the practice of siphoning funds off for particular purposes and asked about risk-based funding.
- A participant asked about supplies and medical tool kits.
- A stakeholder asked how ASPR is assessing the level of inclusion of vital healthcare facilities across the country.
- Another participant asked what changes are anticipated within the Public Health Preparedness cooperative agreements.
- A participant asked about money that is allocated to, or carved out for, the Poison Control Centers, and if there was a platform for what they are actually supposed to do with the money.
- Is the intent that there would be a competitive award to one or two schools of public health to determine the core curriculum, and that one or two schools would be responsible for the development of these core curricula? Many universities choose their own curricula.
- *Is there a guarantee for small population States?* \$5 million was guaranteed to each State even if their populations do not rise to that level of funding.
- *With regard to the Hospital Preparedness cooperative agreement matching, has there been*

any consideration (if the money were to dwindle down) to increasing the administrative cost caps to 20 percent? As the process moves forward, administrative cost caps could be revisited.

- *Must the authorized funds be expended by the end of this authorization, if there is not going to be any further funding?* The result, as further funding is expected, is that dollars should be spent in the time period for which they were allotted.
- Detailed questions on matching in the Hospital Preparedness cooperative agreement were discussed.
- *What about performance measures concerning HPP guidance and whether states will be held accountable for ensuring pass-through funding to EMS providers?* There is no mandate to the States to have them budget any specific percentages to each specific area, nor would there be in the future.
- *When will States be required to provide information on matching?* The CDC is still working on finalizing its plan, but typically information should be submitted along with the application.
- *Concerns about some U.S. hospitals not having received any money from HPP were raised.* Of the 6,000 US hospitals, only about 2,800 are receiving funding. This is due to the fact that States handle the funding differently; some spread the money equally among all of their hospitals, and some identify "lead hospitals" and allocate their resources to those institutions.